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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/462,122 04/10/2003 and claims benefit of 60/525,423 11/26/2003

AS  
6/18/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A AS 6/18/07

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 9	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Anne Sander</i> <i>AS</i> Examiner's Signature Initials				

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## TITLE

Handheld breath tester housing and mouthpiece

FILING FEE RECEIVED 1964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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